



COVID-19 (nCorona) Virus Outbreak Control and Prevention State Cell

Health & Family Welfare Department

Government of Kerala

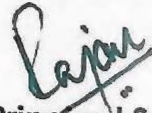
COVID CARE - Tribal Health Action Plan

No.31/F2/2020 Health- 7th August 2020.

Kerala is going through a phase of cases emerging in clusters. There are approximately 4 Lakh scheduled tribe people in Kerala. Tribal form more than 1% of the State's total population and they belong to 35 communities. 22% of them are still living in the forest areas. Wayanad district with 1,36,062 Tribal population, Idukki district with 50,973 and Palakkad district with 39,665 account for the majority of the tribal population of Kerala. Being marginalised community, they deserve special care in the context of COVID. There is a need for a special Tribal health action plan in the context of COVID pandemic.

1. The Department of Health and Family Welfare has already taken an initiative of doing a specific Sentinel surveillance in coastal, tribal and urban slums. The surveillance will give information about the cases in these areas and give lead to the district administration to take actions.
2. In order to facilitate series of activities in the tribal areas the following Guidelines are issued for ensuring efficient COVID Care in the tribal areas.

The Guidelines are attached as an Annexure.


Principal Secretary

Tribal COVID prevention Action Plan

Objective

1. To strengthen COVID prevention and control activities in the tribal villages in Kerala

Major Activities Related to Tribal Health in the context of COVID

1. Setting up Structures
2. Setting up Infrastructures
3. Inflow surveillance
4. Ensuring all preventive, promotive and curative Non COVID care
5. Rigorous Contact Tracing
6. Active Case Finding
7. Behaviour Change Communication
8. Intersectoral coordination
9. Involvement of community leaders, NGOs, Community
10. Mobilisation of vehicles for transportation of suspects/patients
11. Ensure Psychosocial support to people
12. Ensuring good quality quarantine
13. Addressing other medical needs of people

Infrastructure to be set up in Tribal areas

1. Check post & Testing Facility for Tribal at every entry point to tribal LSGs/ Villages

Facility for testing COVID suspects and bridge population (people coming from outside the hamlets with high chance of exposure) shall be set up near to Tribal health outposts/ PHCs so that eligible people for testing need not be transported to distant places for testing. This could be established by placing WISK (Walk in Sample Kiosk). Medical Officer of PHC or equivalent to establish the facility and run the facility with the help of Tribal department and District Health Administration.

2. Covid Care Centres (CCC) & CFLTC (COVID First Line Treatment Centres) at Tribal areas

People to be put in quarantine without mixing with tribal population shall be placed in Covid Care Center if required.

Establish CFLTCs in tribal area itself so that people with mild symptoms/ asymptomatic could be admitted there itself. There is no need to take

them to distant places. Only eligible people need to be referred from there to COVID hospitals.

Prevent Mixing of Tribal Population with people with high risk

Bridge population – youngsters in the tribal hamlets who work in the nearby towns, those visiting people outside their settlement, people supplying essentials to the settlements could be considered bridge population. Also tribal coming from other states through forest are also be considered at higher risk for COVID.

Quarantine, Screen, Test bridge population: Usually there are very few inlets and outlets from such settlements – check post kind of facility can be established with a tribal health promoters/volunteers as the person in charge. Whoever coming in need to be quarantined if required.

Health education regarding importance of social distancing, hand washing and proper wearing of masks to tribal people who travels across the territory frequently.

Other Special Activities to be conducted

1. Capacity building of all health staff & Tribal Promoters on special Tribal Health Plan.

Medical Officer of PHC to ensure that all staff including ASHAs & tribal promoters are trained in tribal health action plan.

2. Meeting with Tribal Chiefs/ NGOs/ Opinion leaders

District level meeting to be conducted with Religious leaders/ NGOs/ Opinion leaders in tribal areas. They need to be sensitised on COVID prevention, surveillance and protocols. DSO need to convene the meeting under chairmanship of District Collector.

3. Identification and Capacity building of Community Volunteers

One volunteer per hamlet (Arogyasena members/ Kudumbasree members/ Youth) need to be identified and trained on COVID prevention, surveillance and protocol.

4. COVID sentinel surveillance

COVID sentinel surveillance needs to be established as per the advisory issued by department of health and family welfare.

5. House to House Campaign

Team consisting of community volunteers, LSG leaders, Tribal ASHAs and health staff to visit every house in tribal areas for the following purposes

1. Look for symptoms suggestive of COVID. If identified, then arrange for testing.

2. Educate on COVID prevention measures- Hand washing, Masks and need for Social distancing
3. Ensure all medical needs (NCD medicines, Immunisation etc) are addressed
4. Look for vector breeding places and reduce the same
5. Educate on drinking boiled water and general sanitation
6. Provide psychological support and link those who need to professional services.
7. Address nutritional, immunisation issues and do ACF for TB diagnosis

6. Tribal Mobile Medical Units

Tribal Mobile Medical Units to ensure all visits and provide integrated services including COVID diagnosis, Communicable disease surveillance, NCD management and ACF for TB,

7. Sensitise all Indigenous health providers on COVID

8. Distribution of free reusable masks, soaps and sanitizers to the tribal population and encourage their use by health education and motivation.

Daily Review of activities at District Surveillance Unit related to Tribal areas

1. Daily COVID trend in tribal areas
2. Review of trend of fever, ARI/ILI, Pneumonia and unknown death
3. Identification of cases of local transmission (with and without history)
4. Early identification of new clusters
5. Contact tracing status of cases of locally acquired transmission within the clusters
6. Review inflow surveillance
7. COVID Testing status in tribal areas
8. Occupancy status of CFLTCs in tribal areas
9. Review of tribal specific IEC activities
10. Review of vector indices, other communicable diseases, RCH services, TB services in tribal areas

Roles and Responsibilities

Activity Number	Description	Responsible Person
1	Infrastructures for COVID Management a. Special health checkpoint b. WISK/ Testing facility c. CFLTC d. CCC	MO of PHC to set up and ensure daily functioning of the facility
2	Meeting with Tribal Chiefs/ NGOs/ Opinion leaders	DSO
3.	Capacity building of all health staff & Tribal Promoters on special Tribal Health Plan.	DSO
4.	Identification and Capacity building of Community Volunteers	MO of PHC
5.	COVID Sentinel surveillance in tribal areas	DSO
6	House to House Campaign	MO of PHC
7	Overall Supervision, Monitoring and submission of activity report weekly	DMO (H)